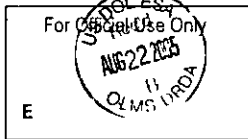


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10220</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing.  Name <u>Lennie Wyatt</u>  P.O. Box, Bldg., Room No., if any  Street <u>913 Lebanon Street</u>  City <u>Monroe</u>  State <u>Ohio</u> ZIP Code + 4 <u>45050</u>	4. Name, file number, and address of labor organization.  Name <u>UFCW Local 1099</u>  Labor Organization File Number <u>030071</u>  P.O. Box, Building and Room Number, if any  Street <u>913 Lebanon Street</u>  City <u>Monroe</u>  State <u>Ohio</u> ZIP Code + 4 <u>45050</u>
5. Position in labor organization. <u>UFCW Local 1099, President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Lennie Wyatt</u>	On <u>8/15/2005</u> Date	<u>513 539-9961 ext 3029</u> Telephone Number

Name of Person Filing Lennie Wyatt	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UFCW Local 1099</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 913 Lebanon Street</p> <p>City Monroe</p> <p>State Ohio ZIP Code + 4 45050</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Local Unions and Employers Benefit Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 913 Lebanon Street</p> <p>City Monroe</p> <p>State Ohio ZIP Code + 4 45050</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee on Health &amp; Welfare &amp; Pension Plans</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Pension seminar Tucson AZ \$300 per deim, \$1280 cost of seminar/classes</p>
	<p>12.b. Amount.</p> <p>\$1,580</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Lennie Wyatt

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW Local 1099

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 913 Lebanon Street

City Monroe

State Ohio ZIP Code 4445050

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name UFCW Local Unions and Employers Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 913 Lebanon Street

City Monroe

State Ohio ZIP Code 4445050

11.a. Nature of such dealing.

Trustee on Health & Welfare & Pension Plans

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Health & Welfare seminar Monterey CA, \$200 per  
deim, \$930 cost of seminar/classes

12.b. Amount.

\$1,130

Name of Person Filing Lennie Wyatt

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW Local 1099

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 913 Lebanon Street

City Monroe

State Ohio

ZIP Code - 4 45050

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local Unions and Employers' Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 913 Lebanon Street

City Monroe

State Ohio

ZIP Code - 4 45050

11.a. Nature of such dealing.

Trustee on Health & Welfare & Pension Plans

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Cost of seminar in Hawaii 2005 \*\*\* will not be able to attend, should be refunded back to Trust Fund in 2005.

12.b. Amount.

\$1,900

Name of Person Filing Lennie Wyatt

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name UFCW Local 1099

Trade Name, if any:

P.O. Box Bldg., Room No., if any

Street 913 Lebanon Street

City Monroe

State Ohio

ZIP Code + 4 45050

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employee's name.

Name UFCW Central Ohio Benefit Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4150 E Main Street

City Columbus

State Ohio

ZIP Code + 4 43213

## 11.a. Nature of such dealing.

Trustee on Health &amp; Welfare &amp; Pension Plans

## 11.b. Approximate dollar value of such dealing.

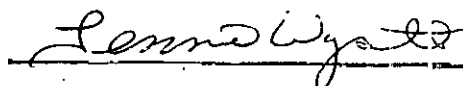
## 12.a. Nature of interest held or income received.

Cost of Pension Investment Seminar

## 12.b. Amount.

\$1,765

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.



Signature

8/15/05

Date